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|  | | | | | | | | **ACTA DE SUPERVISIÓN O INTERVENTORÍA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FECHA DE EXPEDICIÓN | | | | | | | | |
| PARCIAL | | | | | | | | | | | | |  | | FINAL | | | | | | | | | | | |  | | |  | | | | | | | | | | | | DÍA | | | | | MES | | AÑO | |
| GESTIÓN CONTRACTUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | |
| Página | | | | | | 1 de x | | |
| **INFORMACIÓN GENERAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRATISTA | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CONTRATO No. | |  | | | | | | | |
| CÉDULA DE CIUDADANÍA ó NIT No. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBJETO: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VIGENCIA:** | | | | | DEL | |  | |  | |  |  | |  | |  |  | |  | HASTA | |  | | |  |  | | |  |  | | | |  | | |  | | | |  | |  | | | | | | | | | | | | | | |  |
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| **TÉRMINO DE EJECUCIÓN:** | | | | | DEL | |  | |  | |  |  | |  | |  |  | |  | HASTA | |  | | |  |  | | |  |  | | | |  | | |  | | | |  | | **PERIODO REPORTADO:** | | | | | |  | | **al** | | |  | | | |  |
| **VALOR TOTAL:** | | | | | | |  | | | | | | | | | | | **HONORARIOS:** | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **FORMA DE PAGO:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **REPORTE DE PAGOS A SALUD Y PENSIÓN** (En el caso de personas jurídicas anexar la certificación de cumplimiento de los pagos parafiscales) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **No.** | **Sistema** | | | | | | | | | **Entidad** | | | | | | | | | | | | | | | | | | | | **Periodo cotizado** | | | | | | | | | | | | | | | **No. de autorización** | | | | | | **Aporte ($)** | | | | |  |
|  | ARL | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | $ | | | | |
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| **REPORTE DE VALORES A PAGAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **No. de pago** | | | | | | | | | | | **Valor del pago** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Saldo por pagar** | | | | | | | | | | | | | |  |
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| **No. CUENTA BANCARIA:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **No. RUBRO PRESUPUESTAL:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **INFORMACIÓN A REPORTAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REPORTE SOBRE LA EJECUCIÓN DEL CONTRATO**. (Indicar cumplimiento del objeto contractual, si lo hubo, describir actividades realizadas y productos recibidos, refiriendo el numeral - literal cumplido del objeto contractual). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| El contratista cumplió con la normatividad ambiental aplicable a este contrato | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | |  | | | NO | | | | | |  |  | | | | | | | | | | | | |
| El contratista ha cumplido con las obligaciones administrativas técnica, jurídicas y financieras de acuerdo con el objeto contractual desarrollando las siguientes actividades | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | |  | | | NO | | | | | |  |  | | | | | | | | | | | | |
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| **OBSERVACIONES DEL SUPERVISOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVACIONES DEL SUPERVISOR:** Diligencie este campo cuando no se asigne alguna obligación específica durante el periodo reportado, indicando las razones que justifican o sustentan la no asignación.  **NOTA:** Cuando hay más de una obligación específica no asignada, se deberá justificar de forma individual por cada obligación. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SUPERVISOR (A) O INTERVENTOR (A)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | NOMBRE | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | FIRMA | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| GESTIÓN CONTRACTUAL | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | FO-GCO-PC02-02.V3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |